

BILLING OFFICIAL SETUP

PURCHASING CPP (DoD)

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Agent Number _____

Billing Official Contact Information: *(Complete all information, unless indicated as optional)*

Billing Official Name: _____
(Name 1) (max. 30 char.)

Dept./Office/Agency Name: _____
(Name 2) (max. 19 char.)

Address 1: _____
(max. 36 char.)

Address 2: _____
(Optional) (max. 30 char.)

City: APO State: AE Zip: _____
(max. 25 char.) (max. 10 char.)

Phone Number: _____
(max. 18 char.)

Fax Number: _____
(max. 18 char.)

E-Mail Address: _____
(max. 60 char.)

Tax Exempt Number: _____
(max. 20 char.)

Billing Office Limit: \$ _____ Cycle Date: _____
(Cycle purchase limit)

Master Accounting Code: _____
(Optional) (max. 75 char.) (First 25 characters of Accounting Code)

(Second 25 characters of Accounting Code)

(Third 25 characters of Accounting Code)

Reporting Levels:

Level 1: 47163 Level 2: 00021 Level 3: 00085 Level 4: 00013

Level 5: _____ Level 6: _____ Level 7: _____

BILLING OFFICIAL SETUP (cont.)

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Optional Billing Official Authorization Control:

MAT Code: 1. _____ 2. _____ 3. _____ 4. _____
(Indicate up to 4 codes) (Indicate MAT 0999 if using checks on the accounts associated with this Billing Official Level))

Daily Transaction Limit: \$ _____ Single Purchase Limit (SPL): \$ _____

Cycle Transaction Limit: \$ _____ Daily Purchase Limit: \$ _____

Monthly Transaction Limit: \$ _____ Monthly Purchase Limit: \$ _____

Quarterly Transaction Limit: \$ _____ Quarterly Purchase Limit: \$ _____

Annual Transaction Limit: \$ _____ Annual Purchase Limit: \$ _____

Form Submitted by:

Signature _____

Print Name Marie-Dominique Courtois

Phone 32 2 717-9624

Fax: 32 2 707-9610 Date Submitted: _____

For I.M.P.A.C. Government Services use only:

Company # _____ Account #: _____

Rec'd Date: _____ Input Date: _____

Completed By: _____

Review Date: _____ Reviewed By: _____

Reject Reason: _____ Reject Date: _____

☐ Incomplete (missing information circled or highlighted)

☐ Other _____

MAIL REQUEST TO:
I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347
FAX REQUEST TO: 701-461-3466
% 888-99-IMPAC (888-994-6722)